



**INSTRUCTIONS:** Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Office of Alcohol Licensing, Carrollton City Hall, 315 Bradley Street, Carrollton, Georgia 30117. All supporting documentation and a check for the required *non-refundable* application fee must be included. A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the majority stockholder or a principal officer of the corporation; and, such majority stockholder or officer shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and, such officer or employee shall be the named licensee.

**\* PART I \***

**TYPE OF OUTLET (check only one):**

<input type="checkbox"/> Retail Package Sales	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Supper Club	<input type="checkbox"/> Private Club	<input type="checkbox"/> Golf Course Clubhouse Facility
<input type="checkbox"/> Wholesale Dealer	<input type="checkbox"/> Alcoholic Beverage Caterer	<input type="checkbox"/> Other (SPECIFY) _____		

<input type="checkbox"/> Retail Package Malt Beverage	<input type="checkbox"/> Limited Pouring License Private Club
<input type="checkbox"/> Retail Package Wine	<input type="checkbox"/> Pouring License Private Club
<input type="checkbox"/> Retail Package Malt Beverage & Wine	<input type="checkbox"/> Limited Pouring License Restaurant - Golf Course Clubhouse Facility
<input type="checkbox"/> Retail Package Malt Beverage, Wine & Distilled Spirits	<input type="checkbox"/> Pouring License Restaurant - Golf Course Clubhouse Facility
<input type="checkbox"/> Limited Pouring License Restaurant	<input type="checkbox"/> Limited Pouring License Supper Club - Golf Course Clubhouse Facility
<input type="checkbox"/> Pouring License Restaurant	<input type="checkbox"/> Pouring License Supper Club - Golf Course Clubhouse Facility
<input type="checkbox"/> Limited Pouring License Supper Club	<input type="checkbox"/> Limited Pouring License Alcoholic Beverage Caterer
<input type="checkbox"/> Pouring License Supper Club	<input type="checkbox"/> Pouring License Alcoholic Beverage Caterer
<input type="checkbox"/> Wholesale Dealer License	<input type="checkbox"/> Limited Pouring License Restaurant – Veteran’s Org.
<input type="checkbox"/> Limited Pouring License – Private Club – <i>Veteran’s Org.</i>	<input type="checkbox"/> Pouring License Restaurant – Veteran’s Org.
<input type="checkbox"/> Pouring License – Private Club – <i>Veteran’s Org.</i>	<input type="checkbox"/> Limited Pouring License Supper Club – Veteran’s Org.
<input type="checkbox"/> Limited Pouring License Restaurant – Private Club Golf Course / Clubhouse Facility	<input type="checkbox"/> Pouring License Supper Club – Veteran’s Org
<input type="checkbox"/> Pouring License Restaurant – Private Club – Golf Course Clubhouse Facility	

**ANNUAL LICENSE FEE (check one only):**

☐ Retail Package Malt Beverage – \$500

☐ Limited Pouring License Private Club – \$500

☐ Retail Package Wine – \$500

☐ Pouring License Private Club - \$5,000

☐ Retail Package Malt Beverage & Wine - \$1,000

☐ Limited Pouring License Restaurant - Golf Course Clubhouse Facility – \$500

☐ Retail Package Distilled Spirits , Malt Beverages & Wine - \$6,000

☐ Pouring License Restaurant - Golf Course Clubhouse Facility – \$5,000

☐ Limited Pouring License Restaurant – \$500

☐ Limited Pouring License Supper Club - Golf Course Clubhouse Facility – \$500

☐ Pouring License Restaurant – \$5,000

☐ Pouring License Supper Club - Golf Course Clubhouse Facility – \$5,000

☐ Limited Pouring License Supper Club – \$500

☐ Limited Pouring License Alcoholic Beverage Caterer – \$500

☐ Pouring License Supper Club – \$5,000

☐ Pouring License Alcoholic Beverage Caterer – \$5,000

☐ Wholesale Dealer License - \$5,000

☐ Limited Pouring License Restaurant – Veteran’s Org. - \$1

☐ Limited Pouring License Private Club – Veteran’s Org. - \$1

☐ Pouring License Restaurant – Veteran’s Org. - \$1

☐ Pouring License Private Club – Veteran’s Org. - \$1

☐ Limited Pouring License Supper Club – Veteran’s Org. - \$1

☐ Limited Pouring License Restaurant – Private Club  
Golf Course Club House Facility - \$500

☐ Pouring License Supper Club – Veteran’s Org. - \$1

☐ Pouring License Restaurant – Private Club – Golf  
Course Clubhouse Facility - \$5,000

**1. TYPE OF OWNERSHIP:**

☐ Individual

☐ Partnership

☐ Corporation

☐ Other (Specify: \_\_\_\_\_)\*

**\*If other, complete information in Item 1 (b) as if applicant were a corporation.**

**(a) If Individual, full name and legal address of owner:**

Name	Address	Social Security #
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**(b) If corporation, corporate name:** \_\_\_\_\_

**Name, percent interest and legal address of principal stockholders and corporate officers:  
(Attach additional sheets if necessary)**

Name	Address	% Interest
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Name	Address	% Interest
------	---------	------------

Name	Address	% Interest
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**Describe the principal business of the corporation:** \_\_\_\_\_

**(c) If partnership, partnership name:** \_\_\_\_\_  
**Name, percent interest and legal address of all partners:**

Name	Address	% Interest
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Name	Address	% Interest
------	---------	------------

Name	Address	% Interest
------	---------	------------

Name	Address	% Interest
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(d) Full name and legal residence address of the named licensee – (a) Individual (b) Principal officer/employee

Name	Address
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(e) FOR PARTNERSHIPS, each partner shall join as an applicant for the license and each partner must meet the qualifications of an individual licensee. Each partner shall be required to have a criminal history check & be fingerprinted.

Name	Address	Social Security #
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Name	Address	Social Security #
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Name	Address	Social Security #
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2. Name of Business: \_\_\_\_\_

3. Corporation Name: \_\_\_\_\_

4. If Corporation dba (doing business as), exact name as it should appear on the alcohol license. Note: When applying for the State of Georgia Alcohol License, the business name should be registered exactly as done so herein this application.

\_\_\_\_\_

5. Location of business for which application is made: \_\_\_\_\_  
Address

Phone Numbers: \_\_\_\_\_  
Business # Licensee’s Home # Licensee’s Mobile / Other #

Mailing Address: \_\_\_\_\_

Licensee’s Email Address: \_\_\_\_\_

6. Have you confirmed with the City of Carrollton Planning & Zoning Administrator that the location of the proposed outlet is in a zoning district approved for the sale of alcoholic beverages subject to the specific limitations of the respective district as provided for in Section 6-56 of the Alcoholic Beverage Ordinance of the City of Carrollton? ☐ Yes ☐ No

\*REGARDLESS OF EXISTING OR PREVIOUS USES, THE ZONING MUST BE VERIFIED AND APPROVED\*

\* PART II \*

1. Will the proposed outlet have live entertainment? ☐ Yes ☐ No

2. If yes, describe how many times per week and what type of entertainment in detail:  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you received a copy of the City of Carrollton Alcoholic Beverage Ordinance? ☐ Yes ☐ No  
No application will be processed until receipt of a copy of this ordinance is acknowledged.

4. Have you included with this application a check for the non-refundable application fee in the amount of \$\_\_\_\_\_, as required by Section 6-26 (d) of the Alcoholic Beverage Ordinance of the City of Carrollton? ☐ Yes ☐ No

5. As required by Section 6-29 (c) of the Alcoholic Beverage Ordinance of the City of Carrollton, have you included the following with this application?
- (a) a copy of the deed to the premises to be licensed, if owned by the applicant; ☐ Yes ☐ No
  - (b) a copy of the lease agreement covering the premises to be licensed, if leased by the applicant; ☐ Yes ☐ No
  - (c) in the case of a partnership, a copy of the partnership agreement; ☐ Yes ☐ No
  - (d) in the case of a corporation, a copy of the articles of incorporation; ☐ Yes ☐ No
  - (e) in the case of a business entity other than a corporation or a partnership, a copy of the articles of organization and the operating agreement or equivalent; ☐ Yes ☐ No

(f) a current stamped certificate from a registered surveyor which shows a scale drawing of the premises and the location at which the applicant desires to operate an alcoholic beverage outlet and which shows, with linear foot measurements where appropriate, such location's compliance or noncompliance with the provisions of Section 6-38 (if applicable) and 6-57 of the Alcoholic Beverage Ordinance of the City of Carrollton? ☐ Yes ☐ No

(g) Seating chart provided showing number of tables and permanent seating at each; and ☐ Yes ☐ No  
(Note: Bar stools are not considered to be permanent seating.)

(h) Photograph of sign as placed on premises, as required in Section 6-30 (c). ☐ Yes ☐ No

6. If applicable, have you received approval from the City of Carrollton Building Official for any new construction, renovations, remodeling, etc. at the premises to be licensed? ☐ Yes ☐ No

7. If applicable, have you received an approved site plan from the City of Carrollton Engineer for the location of the premises to be licensed? ☐ Yes ☐ No

8. If applicable, have you received a Carroll County Health Department Food Service Permit or Dept. of Agriculture Certificate and any other applicable local, state, or federal permits, etc... required for a food service establish.? ☐ Yes ☐ No  
A copy of the Food Service Permit/Dept. of Agriculture Certificate must be submitted.

9. Have you applied for or obtained a valid City of Carrollton Occupational Tax License? ☐ Yes ☐ No  
(No pouring license application will receive final approval until all necessary permits are secured.)

10. If applicable, have you contacted the Office of the State Fire Marshall? ☐ Yes ☐ No  
PLEASE NOTE THAT ESTABLISHMENTS SERVING ALCOHOL AND SEATING 100 PERSONS + ARE REQUIRED TO CONTACT THE STATE FIRE MARSHALL FOR INSPECTION & APPROVAL OF THE PREMISES. THE STATE FIRE MARSHALL CAN BE CONTACTED AT #404-656-2056.

11. Does the named licensee, any partner(s), the corporation or any corporate officer have any ownership interest in any other licensed alcoholic beverage business? ☐ Yes ☐ No

If yes, give business name, business location and all other pertinent details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has the named licensee and all other persons otherwise required, registered and submitted themselves for fingerprinting and background check(s) at a certified GAPS location, as provided for in Section 6-28 of the Alcoholic Beverage Ordinance of the City of Carrollton? ☐ Yes ☐ No

\*All Partners are required to have a criminal history check & be fingerprinted and must meet qualifications of individual licensee.\*

13. Date fingerprinted: \_\_\_\_\_.

14. Has the named licensee, any partner(s), the corporation, or any corporate officer been:

(a) convicted within the last ten (10) years of any felony or any misdemeanor involving moral turpitude? ☐ Yes ☐ No

(b) any other misdemeanor within the past five (5) years? ☐ Yes ☐ No

(c) denied or had revoked, within the five (5) years preceding this application, any license to sell alcoholic beverages issued by any governmental entity? ☐ Yes ☐ No

(d) been convicted of selling alcohol to a minor within a three (3) year period preceding this application? ☐ Yes ☐ No

If the answer to any portion of question 14 is yes, describe in detail and give dates of occurrences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation or corporate officers holds or has held any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution of alcoholic beverages? ☐ Yes ☐ No

If the answer to question 15 is yes, describe in detail and give dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. On behalf of the named licensee, provide three (3) personal references (not relatives, former employers, fellow employees or school teachers) who are responsible, reputable adults, business or professional men or women, who have known the named licensee during the past five (5) years (*Name, Residence/Business Address, Phone # and Number of Year's Known*)
- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_
17. Is the named licensee a citizen of the United States? ☐ Yes ☐ No
- Place of birth: \_\_\_\_\_ Date of birth \_\_\_\_\_
- If born other than in the Unites States, please provide original proof of citizenship. Note: Green card residents are ineligible to apply as the named licensee for a City of Carrollton Alcoholic Beverage Privilege License.
18. Provided a copy of your driver's license: ☐ Yes ☐ No
19. Do you understand that this license is NOT transferable? ☐ Yes ☐ No

\* PART III \*

VERIFICATION

State of Georgia, \_\_\_\_\_ County.

I, \_\_\_\_\_ Licensee, do solemnly swear subject to criminal penalties for false  
PRINTED NAME OF LICENSEE  
swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
Applicants Signature (FULL NAME IN INK)

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing  
(Full Name of Applicant)  
application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(AFFIX SEAL)



**CARROLLTON POLICE DEPARTMENT**

**CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the City of Carrollton to receive any Criminal History Record information pertaining to me which may be in the Files of any State or Local Criminal Justice Agency.

FULL NAME (Please Print):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

**\*Signature:** \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Affix Seal

Operator who ran check: \_\_\_\_\_

☐ Record Found

☐ No Record Found



## CITY OF CARROLLTON

### GAPS Confirmation of Fingerprinting

Applicant Name: \_\_\_\_\_

Date Applicant Registered Online with GAPS: \_\_\_\_\_

Paid by: ☐ Visa ☐ Mastercard |

Date Fingerprinting Performed at GAPS Location: \_\_\_\_\_

Date Criminal History Verified w/GAPS: \_\_\_\_\_

☐ Record Found

☐ No Record Found

Criminal History Waiver Required for Licensing Authorization:

☐ Yes

☐ No

Applicant Approved for License Issuance:

☐ Yes

☐ No



**PUBLIC BENEFITS AFFIDAVIT**

Are you 18 years of age or older?    ☐ Yes    ☐ No

Are you a U.S. Citizen?    ☐ Yes    ☐ No

If not a U.S. Citizen or permanent resident, are you otherwise a Qualified Alien (8 USC § 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 et. seq.) lawfully present in the United States?    ☐ Yes    ☐ No

If yes, please provide your A# \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a City of Carrollton, Georgia public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Carrollton (circle one):

Occupational Tax Certificate

\*Alcohol License

Other Public Benefit: \_\_\_\_\_

for \_\_\_\_\_ (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.)

Check One:

1. \_\_\_\_\_ I am a United States citizen OR
2. \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title